			- :									
3			200						oplication	of Do	ocket <u>Num</u>	oer ,#%
	PATENT	APPLICATIC Effect		ELERMIN e∟L 2000		DNEECO	RO		09/	10	367	X3
		CLAIMS-AS	S-EILED-	PART-I-						VZ.	OTUED	THAN
==		OLAIMO-A	(Column		Colui	าก-2)		SMALLEI TYPE L		OR-	OTHER SMALL	
TOTAL CLAIMS								RATE	FEE		RATE-	- FEE-
FOR			NUMBERTILED - NUM		VUMBE	R-EXTRA		BASICEEE	-385.00-	OR	BASIC FEE	7.7.0.00
TOTAL CHARGEABLE CLAIMS			minus-20=					—XŞ-9=—		OR	_XS18≡_	
INDEPENDENT CLAIMS			minus 3 =				v	X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM P			RESENT					+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0						olumn 2		TOTAL		OR	TOTAL	
	C	LAIMS AS A	MENDER	PART I	[[ <sup>*</sup> -{\$94.	in although	***	Medical (A)	COT - MITSHED)	i	ا OTHER	THAN
		(Column 1)	MENDEL	(Colomn		Column 3)	_	SMALL	ENTHY	v 44	SMALL F	
AMENDMENT A		CLAIMO REMAINING AFTER AMENDMENT		HIGHEE NUMBER PREVIOUS PAID FO	R BLY	PRESENT EXTRA		RATE	AUTA TIONAL FEE		RATE	ADDI TIONAL FEE
	Total	. 4	Minus	20	•	. —		X\$ 9=	7	OR	X\$18=	_
	Independent	. '3	Minus	3	<b>&gt;</b>	=		X43=		OR	X86=	·
_	FIRST PRESENTATION OF MULTIPLE DE			PENDENT C	LAIM		J	+145=		ÓR	+290=	7
	·				_			TOTAL			TOTAL	7
		(Column 1)		· (Column	2)	(Column 3)		ADDIT FEE	<u> </u>	10	ADDIT FEE	
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBEI PREVIOUS PAID FO	T R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**				XS 9=		OR	XS18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<u> </u>	1		' 
								·+145=		OR	+290= TOTAL	<u> </u>
				•				TOTAL ADDIT FEE		OR	ADDIT FEE	
		(Column 1)		(Column		(Column 3)	,			_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent		Minus	++4		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						]	- · · · · -		1		
,	or a				.m. t.= *			+145=		OR	+290=	ļ
**	If the "Highest Nur	nn 1 is less than th mber Previously Pa	id For" IN TH	S SPACE is le	ss that	n 20, enter "20	). <del>"</del>	TOTAL ADDIT. FEE		OR	TOTAL ADDIT FEE	
***	If the "Highest Nu	mber Previously Pa ber Previously Pai	aid For" IN TH d For" (Total o	IS SPACE is le r Independent	ess tha	n 3, enter "3." highest numb			propriate bo	x in co	olumn 1.	